

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
305-5453

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2		1				52			
3		1				53			
4		1				54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12		1				62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17						67			
18						68			
19						69			
20						70			
21						71			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	49					TOTAL IND.			
TOTAL DEP.	18					TOTAL DEP.			
TOTAL CLAIMS	29					TOTAL CLAIMS			